

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)**

SERIAL NO

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	NO.	OFF.	NO.	OFF.	NO.	OFF.		NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1						61						
2							62						
3							63						
4							64						
5							65						
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34							94						
35	1						95						
36							96						
37							97						
38							98						
39							99						
40							100						
41	1												
42	1												
43													
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53													
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56													
57													
58													
59													
60													
TOTAL NO.	6						TOTAL NO.						
TOTAL OFF.	36						TOTAL OFF.						
TOTAL	42						TOTAL						